

11017 U.S. PTO  
09/825613  
04/03/01

POSITION

INVENTOR

ID NO.

DATE

FEE DETERMINATION  
O.I.P.E. CLASSIFIER  
FORMALITY REVIEW  
RESPONSE FORMALITY REVIEW

APPLICANT

TITLE

CLAIM

INTERNAL

T  
CThe  
subseq  
has be  
T  
note:  
of U.S.THE  
W/THE  
P/

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

## INDEX OF CLAIMS

Rejected  
Allowed  
Canceled  
Restricted  
NNon-elected  
Interference  
Appeal  
Objected

Claim	Date
51	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here